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MAR 2 4 2005	his form, together w		or <u>Fax</u>	(703) 746-4000	ginia 22313-1450		
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Scully, Scott, Murphy & Presser 400 Garden City Plaza Garden City, NY 11530-0299 03/25/2005 DEMMANU2 00000085 09990658				I hereby certify that t	ertificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for full Stop ISSUE FEE address PTO (703) 746-4000, on the contract of the sufficient of	a denosited with the Un	
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APPLICATION NO.	FILING DATE	_ FIRST NAMED INV		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/990,658 11/16/2001			Hiroshi Miyajim	a	15082	2457	
TITLE OF INVENTION: OF	PTICAL DEFLECTOR						
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE PI	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	NO \$140		\$300	\$1700	03/30/2005	
EXAMINER		ART UN	IT C	LASS-SUBCLASS] :		
CHERRY, EUNCHA P 2872 359-224000							
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer (1) the or agen (2) the register 2 register				reprinting on the patent front page, list the names of up to 3 registered patent attorneys ents OR, alternatively, the name of a single firm (having as a member a tered attorney or agent) and the names of up to istered patent attorneys or agents. If no name is is, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
OLYMPUS CORPORATION TOKYO, JAPAN							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed							
Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
				The Director is hereby authorized by charge the required fee(s), or credit any overpayment osit Account Number 19-1013/SSMP (enclose an extra copy of this form).			
5 Change in Entity Status	(from status indicated above)		Deposit Account Nu	mber <u>19-1013/</u>	(enclose an extra c	copy of this form).	
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature				Date <u>March 22, 200</u> 5			
Typed or printed name		Registration No. <u>39,533</u>					
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comp this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							

PTOL 85 (Rev 12/04) Approved for use through 04/30/2007